UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7/22/15 2 Serial/Patent #					
3 Please refund the following fee(s):		4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT
	Filing		·		\$
	Amendment				\$
X	Extension of Time	WF	EE	5/12/05	-\$ 725,00
	Notice of Appeal/Appeal				\$
	Petition				\$
	Issue			Ú.	\$
	Cert of Correction/Terminal Disc.			-	\$
	Maintenance				\$
	Assignment				\$
	Other				\$
		7 TOTAL AMOUNT OF REFUND			\$ 795.00
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
	Overpayment	\propto	C	redit Dep	osit A/C #:
	Duplicate Payment		, 1	3	0650
χ	No Fee Due (Explanation):	<u> </u>		 	
ettension filed after extendable period					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Shery Brinkley TITLE: Petitino Gamma					
SIGNATURE: Thury S. Brille PHONE: 2, 3004					
OFFICE:					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED: DATE: 7/25/05					

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B